DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 100201650-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor (if plural names patent is sought on the invent		subject matter wh	ich is claimed and for which a		
Method And Systems For Pro		g In An Object Prod	duced Through Solid Freeform		
Fabrication the specification of which is a	ittached hereto unless th	e following box is cl	hecked:		
()was filed on	as US Application No. or PCT International Application				
Number		ed on			
			above-identified specification,		
including the claims, as amer disclose all information which	nded by any amendment	(s) referred to above	e. I acknowledge the duty to		
Foreign Application(s) and/or Claim of	f Foreign Priority		•		
	d have also identified below a	ny foreign application for	any foreign application(s) for patent or patent or inventor(s) certificate having		
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
		· 	YES: NO:		
			YES: NO:		
Provisional Application		. "- "			
I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:					
	APPLICATION NUMBER	FILING DATE			
	ATTECATION NOMBER	TIENS DATE			
	<u>*</u>		· .		
U. S. Priority Claim					
I hereby claim the benefit under Title			States application(s) listed below and,		
			ne prior United States application in the mowledge the duty to disclose material		
information as defined in Title 37, Co	de of Federal Regulations, Sec	tion 1.56(a) which occur	nowledge the duty to disclose material rred between the filing date of the prior		
application and the national or PCT in			3		
APPLICATION NUMBER FILING DATE		STATUS (patented/pending/abandoned)			
POWER OF ATTORNEY:					
As a named inventor, I hereby approbusiness in the Patent and Trademark		and/or agent(s) to pros	ecute this application and transact all		
business in the Fatent and Trademark	Onice connected therewith.		_		
Customer Number	022879	Place Customer Number Bar Code			
	——————————————————————————————————————	Label here	_]		
Send Correspondence to:		Direct Telepho	ne Calls To:		
HEWLETT-PACKARD COMPANY Intellectual Property Administration		Timothy F. Myers			
P.O. Box 272400		(541) 715-4197			
Fort Collins, Colorado 80527-24	JU				
I hereby declare that all state	ements made herein of m	ny own knowledge	are true and that all statements		
made on information and belief are believed to be true; and further that these statements were made					
with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful					
false statements may jeopardize the validity of the application or any patent issued thereon.					
Full Name of Inventor: Jeffrey Allen Nielsen Citi			S		
Residence: 4553 NW Elmwood Drive Corvallis OR 97330					
Post Office Address: Same as residence					
LAM Alle Mayor 9 June 2003					
Inventor's Signature Date					

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continu d)

ATTORNEY DOCKET NO. 100201650-1

Full Name of # 2 joint inventor:	r: Steven T. Castle		Citizenship: US		
Residence:	811 Pioneer St. Philomath OR 97370				
Post Office/Address:	Same, as residence				
Inventor's Signature	Ref	Date	9 June 2003		
	V				
Full Name of # 3 joint inventor:	David C Collins		Citizenship: US		
Residence:	581 Canberra, Philomath OR 9	7370			
Post Office Address:	Same as Residence				
Dan Clotton	-	9	June 2003		
Inventor's Signature		Date			
	•				
Full Name of # 4 joint inventor:	:	-	Citizenship:		
Residence:			· ·		
Post Office Address:			· · · · · · · · · · · · · · · · · · ·		
Inventor's Signature		Date			
Full Name of # 5 joint inventors			Citizenship:		
Residence:			oluzonaln <u>p.</u>		
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 6 joint inventor	:	·	Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
	ı				
Full Name of # 7 joint inventor	:		Citizenship:		
Residence:		·			
Post Office Address:					
Inventor's Signature		Date			
		Date			
Full Name of # 8 joint inventor			Citizonahia		
	•		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature	 	Data			